cancer cases was based on the National Cancer Register conducted by the Institute of Oncology in Poland. All calculations were performed for 2006 (1 Euro = 3.8 PLN. **RESULTS:** Cost of yearly treatment of one standard patient was 13.270 PLN (€3.492) from public payer and 26.429 PLN (€6.955) from societal perspective respectively. Taking into account cervical cancer prevalence in Poland (3.439 cases in 2003) and cost per each case, the total burden of cervical cancer in 2006 was 45.635.530 PLN (€12.009.350) from public payer and 92.290.068 PLN (€24.286.860) from societal perspective respectively. **CONCLUSIONS:** Cervical cancer is a fatal and costly disease. Indirect costs are about 50% of total burden of cervical cancer in Poland in 2006.

PCN37

COMPARING MANAGEMENT PATTERNS AND ASSOCIATED COSTS FOR WOMEN WITH ABNORMAL CERVICAL CYTOLOGY IN 5 DIFFERENT COUNTRIES

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OBJECTIVE: To evaluate the management and the management cost of follow-up of women with abnormal Pap result in 5 countries (UK, Australia, Germany, Spain & Italy). **METHODS:** A retrospective chart review of resource use was conducted in 33 centres within the five countries. Historical data was collected on >3000 women with an abnormal Pap smear over a 2-year treatment and follow-up period starting from year 2002. The study population was stratified to include a minimum number of subjects per cytology category: 35% mild, 25% moderate, 25% severe dyskaryosis, and 15% cervical cancer. If not enough cancer cases were enrolled in a country additional cases were searched for. Unit costs for treatment were calculated from country-specific cost databases. We compare overall and between-countries overall age and age distribution; correlation between cytology and histology; resource use and cost per histology group after purchasing power parity adjustment. **RESULTS:** Overall mean age of patients (n = 3380) was 36.3 y old (min = 16 y, max = 90 y). Patients with histologically confirmed invasive cancer (n = 333) were on average 48.8 years (min = 21 y, max = 85 y). Proportion of patients in each confirmed pre-cancer group was: CIN-1 = 17.1%; CIN-2 = 18.6%; CIN-3 = 29.9%. Negative evaluations after first inspection and/or biopsy were 24% and cancer cases seen and confirmed were 9.9%. The correlation coefficient between cytology and histology findings overall was 62.6, but varied widely across countries. Resource use such as number of pap smears per stage, colposcopies, and LEEPs shows significant differences across countries and per histology stage ($p < 0.05$). The initiation of treatment and type of treatment per histology stage varied considerably within each country and across the aggregate database. **CONCLUSION:** Weak correlations between cytology and histology across all countries were observed. Average cost per histology varies by country and can be substantial. Large cost SDs per histology stage indicate that it remains difficult to standardise treatment for early stages.

PCN38

"COST OF ILLNESS" ANALYSIS OF RENAL CELL CARCINOMA

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OBJECTIVES: Renal cell carcinoma (RCC) represents 2–3% of all malignancies, and is associated with limited treatment options and low survival rates (median survival for advanced metastatic disease is estimated at 8–12 months). Despite its importance, data on the economic burden of RCC are limited. **METHODS:** A global, prevalence-based burden-of-illness model was developed and used to estimate the annual, societal economic burden of RCC in selected European countries (UK, Spain, France, and Germany). Key relationships represented in the model include the annual numbers of patients treated for RCC by age group and cancer stage; utilization of cancer-specific treatments; unit costs of these treatments; work-days missed by these patients, and wage rates. Local-area data sources were used to populate the model parameters for each country. Methodological differences across countries resulting from differences in data availability are explained. **RESULTS:** The annual numbers of cases of RCC include 24,834 in the UK, 3945 in Spain, 35,714 in France, and 59,864 in Germany. Corresponding estimates of the aggregate annual burden of RCC (€ 2005) are €541 million, €41.8 million, €171 million, and €1.6 billion, respectively (per-patient costs of €21,792, €10,607, €4781, and €26,397). Health care costs account for between 66% and 89% of the burden in each country, with lost productivity accounting for the remainder. Inpatient care for major surgery, radiofrequency ablation, arterial embolization, systemic therapy (chemotherapy, radiation, immunotherapy), and associated complications is the largest driver of health care costs, accounting for approximately 80% or more of the burden in each country. Sensitivity analyses indicated that results were most sensitive to assumptions regarding health care utilization and unit costs of treatments. **CONCLUSIONS:** The economic burden of RCC in Europe is substantial. Interventions to reduce the prevalence of RCC have the potential to yield considerable economic benefits to EU health systems.

PCN39

COST-UTILITY ANALYSIS IN A FRENCH SETTING OF ADJUVANT THERAPY WITH HERCEPTIN IN PATIENTS WITH HER-2 POSITIVE BREAST CANCER

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OBJECTIVES: Trastuzumab (Herceptin®) combined to chemotherapy has demonstrated significant improvement in time to progression and survival in metastatic breast cancer patient overexpressing the receptor of the human growth factor (HER-2). Herceptin® has recently received a new indication as an adjuvant therapy in localised invasive breast cancer and the cost-effectiveness of this new add-on therapy needs to be evaluated. **METHODS:** An analytic Markov Model was established based on the results of the pivotal clinical study (HERA) and expert opinion to simulate for an early breast cancer patient the course of disease until death. The health states included loco-regional and distant recurrences (metastasis), cardiac events (side-effects), disease free survival and death respectively. This simulation model projected long-term clinical outcomes and costs, of adding Herceptin® during one year sequentially to standard adjuvant therapy versus standard alone (observation). According to current practices in France, Herceptin® was also supposed to be used in case of distant recurrences in both arms. Improvements in lifetime quality adjusted life years (QALY) were also estimated. Transition probabilities were adjusted on HERA results. Yearly costs of each health state came from published sources and from detailed costs observed in one French Oncology Centre (G.-F. Leclerc in Dijon). Direct costs and outcomes were projected over patients' lifetimes from a French Sickness Fund perspective. They were both discounted at 3% annually. Sensitivity analysis was performed. **RESULTS:** For 1000 patients